

CLOSTER PUBLIC SCHOOLS

Medication Authorization for Severe Allergic Reaction School Year: _____

Student's Name: _____ D.O.B. _____ Teacher: _____

ALLERGY TO:

Asthmatic Yes* No *Higher risk for severe reaction

Symptoms:

- If a food allergen has been ingested, or If stung, but no symptoms
• Mouth Itching, tingling, or swelling of lips, tongue, mouth
• Skin Hives, itchy rash, swelling of the face of extremities
• Gut Nausea, abdominal cramps, vomiting, diarrhea
• Throat Tightening of throat, hoarseness, hacking cough
• Lung Shortness of breath, repetitive coughing, wheezing
• Heart Thready pulse, low blood pressure, fainting, pale, blueness
• Other _____

Give Checked Medication

Epinephrine Antihistamine
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DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

NOTE: A delegate may not administer an antihistamine.

NOTE: Epinephrine injection may be repeated if the child's symptoms persist or get worse yes no
(2nd dose of Epinephrine must be provided by the parent/guardian)

HAS STUDENT HAD A DOCUMENTED EPISODE OF ANAPHYLAXIS? YES NO

Student is not capable of self-administration of an EpiPen.

Student has been instructed in the use of an EpiPen. He/she may carry and self-administer his/her EpiPen

If EpiPen is administered, EMS (911) will be called immediately.

Health Care Provider Signature Date: Please print or stamp
HCP's name:
Address:
Phone Number:

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, give permission for my child to receive the above medication as directed by the Health Care Provider. I understand and agree that the district shall have no liability as a result of any injury arising from administration of epinephrine and I indemnify and hold harmless the district, employees, and it's agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child.

If the school nurse is not physically present, I give permission for his/her designee to administer the medication. I understand and agree that the district, employees, and it's agents shall have no liability as a result of any injury arising from the administration of epinephrine and I indemnify and hold harmless the district, employees, and it's agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child.